

Doctor Nomination Form

If your doctor is not currently a part of UnitedHealthcare's network of doctors and you would like him or her to be considered, please follow the directions below.

1. Approach your doctor and express your desire for him or her to become part of UnitedHealthcare's network.
2. If your doctor is interested, please have him or her complete this form and mail it back to the address shown below.
3. After an initial prescreening process, your doctor may be sent an application for network participation.
4. The application process may take up to 3 months following receipt of your doctor's information. Acceptance into the network is contingent upon successful completion of UnitedHealthcare's credentialing process and your doctor's acceptance of our contracts.
5. If you have any questions regarding the status of the application, please be sure to contact your doctor directly.

Referring Patient: (ALL INFORMATION IS REQUIRED)

Patient Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Doctor INFORMATION: (ALL INFORMATION IS REQUIRED)

Last Name: _____ MI: _____ First Name: _____

Tax ID: _____

Specialty: _____ Degree: _____

Practice Name: _____ Phone: () _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Hospital Affiliations: (REQUIRED)

Facility (Primary): _____ ☐ Active ☐ Courtesy

Facility (Secondary): _____ ☐ Active ☐ Courtesy

*Participants in The Los Alamos National Laboratory Medical Plans may nominate their doctor for participation in the network by having their doctor **submit this nomination form to the name and address listed below**. As noted above, a nomination by a participant does not guarantee that the doctor will be added to the network.*

UnitedHealthcare – Los Alamos Nomination Unit
8051 East Maplewood Ave, Suite 300
Greenwood Village, CO 80111
Or Fax to: 1-303-267-3597

Date Submitted to UHC: _____

FOR INTERNAL USE ONLY

ACS KEY Date: _____

